

CACFP FY 2009 Center Renewal Training

Arizona Department of Education



Housekeeping

- Parking
- Breaks
- Restrooms
- Food/Vending
- Cell Phones



Income Affidavits



Common Errors

- Social Security missing
 - Word “NONE” not included for those without Social Security Numbers
- Incorrect case numbers or missing case numbers for categorically-eligible children
- Not current for the fiscal year
- Dated prior to collection period
- Missing center staff approval

Review for Completeness

- Must be completed by parent, or guardian
 - Staff cannot complete or make changes
- Updated Parent letter must be on the back of form
- Child's name, age, and date of birth
- Case numbers for categorically-eligible children
- Household income (entire household)
- Part 5 must contain contact information, signature, date, and Social Security Number
 - The word "NONE" only acceptable when individual truly has no social security number

Categorize and Approve

- Categorize participants as Free, Reduced or Paid using USDA Child Nutrition Program Income Guidelines for current fiscal year
- Participants with incomplete income affidavits must be categorized as Paid
- Income affidavits should be signed and dated by the designated center approval official the same month as parent signature
- Income affidavits with incomplete staff approval sections are categorized as Paid

New Distribution & Collection Period

- Distribute an income affidavit for every enrolled participant
- Income Eligibility Applications are to be used from July 1, 2008 through June 30, 2009
- Please discontinue using the current forms after June 30, 2008
- ADE has agreed to change the official collection period for income affidavits to June rather than September
- Income affidavits cannot be signed any sooner than 30 days prior to July 1st, which is when the new income guidelines become effective
- You may start collecting your income affidavits for the upcoming fiscal year beginning June 1, 2008 and you will NOT have to recollect them again in September

Income Affidavit Verification

- **CN#007-07** dated 01/16/07: Income Application Verification
 - All organizations that participate in CACFP will have a random 10% sample of income affidavits selected
 - Any fiscal action resulting from the verification outcome will be documented in the corrective action letter
 - The verification methodology is described in 7 CFR 226.23(h)(2)
 - Income affidavits must be verified either by parental contact or by other government agencies that the Arizona Department of Education can legally access
 - It is a recommendation that all Sponsors collect back-up documentation for all free and reduced priced participants
 - You may collect the DES Authenticity Certificate for categorically eligible participants; or
 - You may collect financial records, such as pay stubs, for income eligible children

Claiming Percentage Roster

- Best Practices:

- Alphabetical order (use “sort” in word or excel)
- Names should match sign in/out records and income affidavits
 - Must reflect actual attendance
- Single binder separated with FREE, REDUCED, & PAID claiming rosters followed by income affidavits, in alphabetical order

Menus



Menus

- Approved menus available on ADE website
 - <http://www.ade.az.gov/health-safety/cnp/cacfp/5-WeekCycleMenu>
 - 5 week cycle menu
 - Menus do meet Menu Award criteria

Menus

- Limit menus to 2 high sugar items per week
- Limit menus to 2 high fat items per week
- Resources:
 - High sugar/fat list
 - Online Nutrition Calculator
 - www.ade.az.gov/cacfpnutritioncalculator
 - The nutrition calculator is designed to help sponsors whether or not the amount of sugar or fat in a meal is within CACFP guidelines

Variety

- Snacks

- Limit milk at snack. This is a great time to encourage water
- Limit crackers. Use higher quality foods
 - Higher quality snack ideas:
 - Fresh Fruits and Vegetables
 - Low fat Dairy (yogurt, cheese sticks)
 - Whole grain pitas, bread sticks, tortillas, english muffins, bagels, etc...
- Main entrée must not repeat in a 4 week cycle menu

Infants



Infant Feeding Requirements

- Child care centers must offer program meals to ALL eligible children, including infants
- The CACFP does not discriminate in any aspect of the delivery of program benefits. This includes the “inequitable allocation of Program (CACFP) benefits or services to eligible children on the basis of race, color, national origin, sex, **age** or handicap [disability].”
 - (FNS Instruction 113-4 XII A 2)

Infant Feeding Records

- **Formula and Infant cereal** must be iron-fortified
 - Label must state “with iron” or “iron-fortified”
- Milk may only be served to infants when supported by a medical statement signed by a medical authority
- Infants are fed on demand
- New Daily Meal Production Record for Infants
 - Check food items served
 - Specify food items where applicable
- Add up meals to be claimed and transfer to the Meal Count Summary

Daily Meal Production Record for Infants

Date: _____

Completed by: _____

INSTRUCTIONS:

- Record the names of the infant(s) being served the meal
- Use a (✓) where indicated
- Record the specific kind of fruit/vegetable or meat served
- Indicate by circling specific meals/snacks that will be claimed for reimbursement
- All formula and infant cereal served must be iron fortified
- Record infant totals each day
- IFC = Infant Cereal
- Adopted from New Mexico CACFP form

NAMES 0-3 months	<u>Breakfast</u>	<u>AM</u>	<u>Lunch</u>	<u>PM</u>	<u>Supper</u>
	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)

NAMES 4-7 months	<u>Breakfast</u>		<u>AM</u>	<u>Lunch</u>			<u>PM</u>	<u>Supper</u>		
	Formula or Breast Milk 4-8 oz (✓)	IFC 0-3 T (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-8 oz (✓)	Veg./Fruit 0-3 T Specify	IFC 0-3 T (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-8 oz (✓)	Veg./Fruit 0-3 T Specify	IFC 0-3 T (✓)

NAMES 8-11 months	<u>Breakfast</u>			<u>AM</u>		<u>Lunch</u> *IFC and/or Meat/Alt				<u>PM</u>		<u>Supper</u> *IFC and/or Meat/Alt			
	Formula or Breast Milk 6-8 oz (✓)	IFC 2-4 T (✓)	Veg./Fr 1-4 T Specify	Formula, Breast Milk, fruit juice 2-4 oz (✓)	0-1/2 slice bread or 0-2 crackers (✓)	Formula or Breast Milk 6-8 oz (✓)	Veg./Fr 1-4 T Specify	IFC 2-4 T (✓)	Meat/Alt 1-4 T ½ - 2 oz. Specify	Formula Breast Milk, fruit juice 2-4 oz (✓)	0-1/2 slice bread or 0-2 crackers (✓)	Formula or Breast Milk 6-8 oz (✓)	Veg./Fr 1-4 T Specify	IFC 2-4 T (✓)	Meat/Alt 1-4 T ½ - 2 oz Specify

Daily Infant Totals:

Breakfast: _____ AM: _____ Lunch: _____ PM: _____ Supper: _____

Daily Meal Production Record for Infants

Date: _____

Completed by: _____

INSTRUCTIONS:

- Record the names of the infant(s) being served the meal
- Use a (✓) where indicated
- Record the specific kind of fruit/vegetable or meat served
- Indicate by circling specific meals/snacks that will be claimed for reimbursement
- All formula and infant cereal served must be iron fortified
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NAMES 0-3 months	<u>Breakfast</u>	<u>AM</u>	<u>Lunch</u>	<u>PM</u>	<u>Supper</u>
	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)
Sarah H.	✓	✓	✓		
John B.	✓		✓	✓	

NAMES 4-7 months	<u>Breakfast</u>		<u>AM</u>	<u>Lunch</u>			<u>PM</u>	<u>Supper</u>							
	Formula or Breast Milk 4-8 oz (✓)	IFC 0-3 T (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-8 oz (✓)	Veg./Fruit 0-3 T Specify	IFC 0-3 T (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-8 oz (✓)	Veg./Fruit 0-3 T Specify	IFC 0-3 T (✓)					
Jason L.	✓		✓	✓											
Adam S.	✓	✓	✓	✓	Green beans	✓									
NAMES 8-11 months	<u>Breakfast</u>			<u>AM</u>		<u>Lunch</u> *IFC and/or Meat/Alt				<u>PM</u>		<u>Supper</u> *IFC and/or Meat/Alt			
	Formula or Breast Milk 6-8 oz (✓)	IFC 2-4 T (✓)	Veg/Fr 1-4 T Specify	Formula, Breast Milk, fruit juice 2-4 oz (✓)	0-1/2 slice bread or 0-2 crackers (✓)	Formula or Breast Milk 6-8 oz (✓)	Veg./Fr 1-4 T Specify	IFC 2-4 T (✓)	Meat/Alt 1-4 T ½ - 2 oz. Specify	Formula Breast Milk, fruit juice 2-4 oz (✓)	0-1/2 slice bread or 0-2 crackers (✓)	Formula or Breast Milk 6-8 oz (✓)	Veg./Fr 1-4 T Specify	IFC 2-4 T (✓)	Meat/Alt 1-4 T ½ - 2 oz Specify
David T.				✓	✓	✓	Carrots	✓		✓	✓				
Mark C.	✓	✓	Pchs	✓	Peas	✓	Chicken								

Daily Infant Totals: Breakfast: 5 AM: 5 Lunch: 6 PM: 2 Supper: 0

Claiming Requirements

- Centers must purchase and offer all required meal components
- Parent/Guardian may decline offered infant formula in writing
 - Infant Feeding Preference Form
 - Must be completed when formula being offered by the center is declined by the parent/guardian
 - If parent/guardian chooses to provide formula/breast milk, the meal is reimbursable unless the mother comes to the center to nurse (exception: she is the provider)
- Meals are NOT reimbursable if parent/guardian provides all components for 8-11 month infants - the center must provide at least one component at each meal/snack claimed for reimbursement

Commercially-Prepared Vegetables/Fruits

- Creditable:
 - Must list vegetable/fruit as first ingredient
- Non-Creditable:
 - Mixed jarred foods
 - i.e. chicken and carrots
 - Foods with “dessert” or “pudding” in product name listing fruit as first ingredient
 - Jarred cereals with fruit

Meat & Meat Alternates

Non-creditable:

- Fish sticks, other breaded fish or seafood products, hot dogs, and sausage
 - Not designed by manufacturer for infant consumption
- Meat sticks (look like miniature hot dogs)
- Commercially-prepared combination dinners
 - Difficult to determine actual amount of various food components in dinners
 - Can be served as “extras”
- Yogurt
 - Does not meet meal pattern requirements as meat alternate
- Nuts, seeds, or nut butters

Other Non-Creditable Foods

- Baby foods with DHA are not creditable
 - DHA = docosahexaenoic acid
 - DHA is an omega-3 fatty acid added to some commercially-prepared vegetables/fruits
 - Introducing foods with DHA could result in food allergy
- Honey
 - Contains harmful botulism spores

Point of Service Meal Counts



Point of Service

- Meal counts must be done at point of service
 - While children are eating
 - NOT determined by attendance



Record Keeping



Meal Count Forms Renamed

- Weekly Attendance Meal Record (WAMR) is now “Point of Service Meal Count Sheet”
- Daily Meal Count Sheet is now “Meal Count Summary”
- Both forms are mandatory

Food Cost

- 50% of the CACFP reimbursement **MUST** be spent on food
 - Does not include fuel cost, supplies, or contract fees from distributors
 - Receipts and invoices must be reflective to items listed on menus
- If 50% of CACFP reimbursement is not spent on food, the corrective action will be to implement ADE approved menus
 - Production worksheets may also be reassigned

Don't forget to separate expenses into administrative vs. operational

Budget Line Item	Administrative Costs (Managing Nonprofit Food Service)	Operational Costs (Preparation/Service of Meals)
Labor/benefits	Owner, Director, Monitor	Teachers, Cook
Food	N/A	Net food used/delivered
Supplies/Equipment	Pens, paper	Pots, plates, bleach, utensils
Rent/mortgage	Office space	Kitchen, service areas
Contracted Services	Leased storage space	Refrigerator repair, pest control
Communication/Utilities	Internet, phone	Water/Trash, Electric/Gas
Other Costs	Accountant, Computer	Stove, refrigerator

Time Distribution Reports

- According to FNS 796-2 rev.3, every person who performs CACFP related duties must complete a time distribution report
- Employee should complete on a daily basis and sign at the end of the month
- Director/Owner signs off monthly
- Purpose is to ensure that CACFP hours are properly accounted for on a monthly basis

Time Distribution Report

Employee Name Debbie Martinez	Position Teacher	Month/Year Jan. 2009
--------------------------------------	-------------------------	-----------------------------

	Work Hours		CACFP Administrative Tasks	Food Service Operational Tasks	Totals
Day	Start	End	A. e.g., Managing, planning, organizing, training, monitoring	B. e.g., meal prep, serving, clean-up, supervising, meal counts	C. Total Hours Worked for the day
1	7:00 am	4:00 pm	0	3	9
2	7:00 am	4:00 pm	0	3.5	9.5

Total Administrative Hours Worked 0 Total Operational Hours Worked 6.5 Total Monthly Hours Worked 18.5

Monthly Expenses For CACFP

- Claimed expenses must be for items specifically spent for CACFP
- Retain copies of actual invoices and purchase receipts monthly and file together with all other financial claims documentation
 - Photocopy receipts that might fade from sun or heat
- Financial costs submitted should match the receipts on file and the amounts itemized on costs reports

Monthly Expense Worksheet - Labor Costs

ADMINISTRATIVE SALARIES/BENEFITS

Labor Expenses				Benefits†	
A	B	C	D	E	F
Position, Employee Name	Total Administrative Hours per month (From Time Distribution Report)*	Salary per Hour	Gross Pay (B X C)	Percent of Time spent on CACFP Tasks this month $B \div \text{Total Monthly Hours}$	CACFP Portion of Benefits $E \times \text{Benefits Paid to Employee}$

Total: Salaries _____

Benefits _____

Labor Expenses		OPERATIONAL SALARIES/BENEFITS		Benefits†	
A	B	C	D	E	F
Position, Employee name	Total Operational Hours per month (From Time Distribution Report)*	Salary Per Hour	Gross Pay (B X C)	Percent of Time spent on CACFP Tasks this month Total B ÷ Monthly Hours	CACFP Portion of Benefits E X Benefits Paid to Employee
Teacher, Debbie Martinez	6.5	\$9.50	\$61.75	6.5÷16.5 = 0.39 or 39%	0.39 x \$100 = \$39

Total: Salaries \$61.75

Benefits \$39.00

* Attach Time Distribution Reports

†Benefits include: Paid Vacation, Military Leave, Sick Leave, Health & Retirements Benefits, Disability, and Life Insurance

Monthly Expense Worksheet - Facility Expenses

Itemized Costs	Administrative - Overseeing Compliance (planning, organizing and managing CACFP)
Rent/Mortgage	Office area
Contracted Services	Storage facility, computer maintenance
Communications and Utilities	Phone, internet
Other Costs	Computer, copy machine

Administrative Facility Expenses

Square Footage of CACFP Office Space ÷ Total Square Footage of Facility = Percent attributed

$$\frac{200 \text{ sq.ft}}{\text{(Office Space, Leased Storage Space)}} \div \frac{2,400 \text{ sq.ft}}{\text{(Entire facility)}} = \frac{0.083 \text{ (8.3\%)}}{\text{(column c)}}$$

A	B	C	D
Service	Billed Amount	Percent Attributed to CACFP	Total (B x C)
Rent or Mortgage	\$500	0.083 (8.3%)	\$41.50
Contracted Services			
Communication and Utilities	\$150 (phone/internet)	0.083 (8.3%)	\$12.45
Other Costs			

Monthly Expense Worksheet - Facility Expenses

Itemized Costs	Operational - Direct Meal Service (preparation and service of meals to participants)
Rent/Mortgage	Kitchen, service areas
Contracted Services	Pest control, refrigerator repair
Communications and Utilities	Electricity, water
Other Costs	Stove, refrigerator, grocery shopping

Operational Facility Expenses

Square Footage of CACFP Office Space ÷ Total Square Footage of Facility = Percent attributed

$$\begin{array}{ccccc}
 \underline{600 \text{ sq.ft}} & \div & \underline{2,400 \text{ sq.ft}} & = & \underline{0.25 (25\%)} \\
 \text{(Kitchen, Food Storage, Eating Area)} & & \text{(Entire facility)} & & \text{(column c)}
 \end{array}$$

A	B	C	D
Service	Billed Amount	Percent Attributed to CACFP	Total (B x C)
Rent or Mortgage	\$500	0.25 (25%)	\$125
Contracted Services	\$90 (pest control)	0.25 (25%)	\$22.50
Communication and Utilities	\$225 (electric/water)	0.25 (25%)	\$56.25
Other Costs			

Training



State Review of Training

- ADE will ensure that content and frequency is in compliance by reviewing the following:
 - Training records - sign in/out
 - Retention of handouts, agendas, and/or materials
 - Handouts, agendas, and/or materials must include all required topics

Minimum Training Requirements

Minimum Content Areas	Examples of training topics
Meal Pattern Requirements	<ul style="list-style-type: none">•Child & infant meal patterns•Meal components•Portion sizes•Reimbursable meals•Creditable and no-creditable foods
Meal Count Documentation	<ul style="list-style-type: none">•Meal counts separate from attendance•Point of service meal counts•Reimbursable meals
Record Keeping	<ul style="list-style-type: none">•Daily attendance•Meal counts, menus and food production records•Special diet statement forms•Infant Production Worksheets
Claims Submission	<p>Compare:</p> <ul style="list-style-type: none">•Point of service meal counts to attendance•Menus to meal pattern
Reimbursement System	<ul style="list-style-type: none">•Monthly claim submission dates•Monthly claim edit checks•Claim preparation•CACFP record retention
Civil Rights	<ul style="list-style-type: none">-Program Availability-Complaint Procedures-Non-Discrimination Statement

Monitoring Requirements



Monitoring Requirements

- Sponsors or owners of multiple sites and owners with multiple single sites are required to monitor each center/site three times/year
 - At least 2 must be unannounced
 - At least one unannounced review must include a meal observation
 - 5-day reconciliation must be conducted at each visit
 - At least one review made during first 4 weeks of operation
 - No more than 6 months between reviews
 - If serious deficiency found, next visit must be unannounced

5 Day Reconciliations



5-Day Reconciliation

- 5 day reconciliations may be conducted for 10% of the enrollment
- If there are no enrollment or attendance records (such as in emergency shelters), a more general review of the facility's meal counting and claiming procedures would be conducted without a 5-day reconciliation
- Remember that meal counts should never exceed licensed capacity or attendance
 - [7 CFR 226.17(b)(4) and 226.18(e)]

Step 1: Enter dates to be reconciled and meal service times

10% of participants claimed <i>(based on meal count summary)</i> :						
	Meal	1 Day Before Date: 6/15	2 Days Before Date: 6/14	3 Days Before Date: 6/13	4 Days Before Date: 6/12	5 Days Before Date: 6/11
10% of participants in attendance <i>(based on sign in/out sheets)</i> :						
Meal Service Times	Meal	1 Day Before Date: 6/15	2 Days Before Date: 6/14	3 Days Before Date: 6/13	4 Days Before Date: 6/12	5 Days Before Date: 6/11
6:00-7:30 am						
9:00-9:30 am						
11:00am-12:30pm						
3:00-3:30 pm						
5:00-7:00pm						

Step 2: Enter number of meals claimed for each of the 5 days listed

10% of participants claimed (<i>based on meal counts summary</i>):						
	Meal	1 Day Before Date:6/15	2 Days Before Date:6/14	3 Days Before Date:6/13	4 Days Before Date:6/12	5 Days Before Date:6/11
	Breakfast	25	24	26	20	19
	AM Snack	28	24	26	18	17
	Lunch	24	24	25	18	19
	PM Snack					
	Dinner					
	Eve Snack					

Step 3: Enter the number of children in attendance during the listed meal times. This must be based on the sign in/out sheets

10% of participants in attendance <i>(based on sign in/out sheets):</i>						
Meal Service Times	Meal	1 Day Before Date:6/15	2 Days Before Date:6/14	3 Days Before Date:6/13	4 Days Before Date:6/12	5 Days Before Date:6/11
6:00-7:30am	Breakfast	25	24	26	20	19
9:00-9:30am	AM Snack	30	24	26	18	18
11:00am-12:30pm	Lunch	25	23	25	18	18
3:00-3:30pm	PM Snack					
5:00-7:00pm	Dinner					
	Eve Snack					

Step 4: Compare the two tables and indicate if there are any discrepancies resulting in an over-claim

10% of participants claimed (based on meal counts summary):						
	Meal	1 Day Before Date:6/15	2 Days Before Date:6/14	3 Days Before Date:6/13	4 Days Before Date:6/12	5 Days Before Date:6/11
	Breakfast	25	24	26	20	19
	AM Snack	28	24	26	18	17
	Lunch	24	24	25	18	19
10% of participants in attendance (based on sign in/out sheets):						
Meal Service Times	Meal	1 Day Before Date:6/15	2 Days Before Date:6/14	3 Days Before Date:6/13	4 Days Before Date:6/12	5 Days Before Date:6/11
6:00-7:30 am	Breakfast	25	24	26	20	19
9:00-9:30 am	AM Snack	30	24	26	18	18
11:00am-12:30pm	Lunch	25	23	25	18	18
<p>Compare the tables above. Are there any discrepancies between the numbers claimed and the numbers in attendance? Yes No If yes, determine whether an over or under claim occurred and provide details. In addition, list corrective action assigned to resolve issue:</p> <hr/>						

Serious Deficiency Process



Serious Deficiency

- Code of Federal Regulation allows state agencies to remove institutions that cannot maintain financial viability, accountability, and management capability
- Serious deficiencies are not subject to administrative review
- Identified serious deficiencies must remain permanently corrected
- If a center is judged Seriously Deficient, it gets one opportunity to correct the problem (i.e. The center provides ADE with corrective action. Once that corrective action is ADE approved, the center must abide by it.)
 - ADE to propose termination if serious deficiency recurs

Serious Deficiency Descriptions/Red Flags

- Submission of false information
- Hiring an individual on the National Disqualified List
- **Failure to operate program in conformance to performance standards**
- Failure to follow Federal procurement regulations
- Invalid Title XX claiming
- Invalid Title XIX claiming
- **Failure to properly train or monitor facilities**
- Failure to disburse payments to facilities
- Conviction of institution or principals indicating lack of integrity
- Failure to adjust meal orders to conform with the number of participants
- **Claiming meals not served**
- **Failure to maintain adequate records**
- **Claiming for significant number of meals that do not meet program requirements**
- Use of Food Service Management Company (Vendor) that is in violation of health codes
- **Failure to perform financial and administrative duties**

National Disqualified List

- Removal from CACFP: Who is placed on the National Disqualified List?
 - Institutions
 - Responsible Individuals
 - Responsible Principals
- How long can someone remain on the National Disqualified List?
 - 7 years or longer

Application & Management Plan



Page 1

- You must enter a working e-mail address to receive your renewal application.
- You must list each of your claimable meal times.

[illegible]

Claimable Duration of Food Service

Meal Type	Customary Meal Times	Claimable Duration of Food Service
Breakfast	6am - 9am	1 ½ hours
AM Snack	Between Breakfast & Lunch	1 hour
Lunch	11am - 1pm	2 hours
PM Snack	Between Lunch & Supper	1 hour
Supper	5pm - 7pm	2 hours
Night Snack	After 7pm	1 hour

Page 4

Section 10 must include a “Non-Business Address” for Authorized Principals

10. Program Requirement - Responsible Principals: **All contracting organizations must provide identifying information for at least two persons responsible for the overall operation. The mailing address cannot be the business address.**

Position	Name	Non-Business Mailing Address	Date of Birth
Owner			
Executive Director			
Chairman of the Board			

Page 7

Staff Training and Financial sections were removed.

Budget Line Item		I. Annual Cost For Nonprofit Food Service ADMINISTRATIVE	J. Annual Cost For Nonprofit Food Service OPERATIONAL
3. Food – Include only the NET cost of food used (and the net cost of delivered meals), not the cost of all food purchased. You must explain how you determined your cost figure			
Food costs were determined by:			
<input type="checkbox"/>	N/A (Check this box only if no cost in this category is paid from the nonprofit food service account.)		
Total Food Costs		3A N/A	3B
4. Supplies and Equipment – This category includes nonfood consumables, cleaning products, and CACFP office supplies. You must explain how you determined your cost figure.			
Kitchen Cleaning supplies:		N/A	
CACFP Office supplies (Used solely for CACFP Tasks:			N/A
Paper goods (non-food consumables):		N/A	
Total Supplies and Equipment Costs		4A.	4B.

Page 8

Administrative (office space) _____ ÷ _____ = _____ %

Itemized Facility Costs You must explain how you determined your cost figures	Annual Cost For Nonprofit Food Service ADMINISTRATIVE		
K. Itemized Service	L. Total Annual billed amount	M. Percentage of expenses attributed to CACFP	N. Total (L x M)
5. Rent or Mortgage:	x	% =	(5A)
6. Contracted Services: Specify each item and submit supporting documentation Contractor (from page 4, question 9) _____ Other _____	x	% =	(6A)
7. Communication and Utilities: Specify each item and submit supporting documentation Phone/Internet _____ Other _____	x	% =	(7A)
8. Other Costs: Specify each item and submit supporting documentation. _____ _____	x	% =	(8A)
<div data-bbox="254 1357 352 1463" style="background-color: #cccccc; width: 47px; height: 65px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> N/A (CHECK THIS BOX ONLY IF NO COSTS IN THESE CATEGORIES ARE PAID FROM THE FOOD SERVICE ACCOUNT.)			

Page 8 cont'

Operational (food service) _____ ÷ _____ = _____ %

Itemized Facility Costs You must explain how you determined your cost figures	Annual Cost For Nonprofit Food Service OPERATIONAL		
K. Itemized Service	O. Total Annual billed amount	P. Percentage of expenses attributed to CACFP	Q. Total (L x M)
5. Rent or Mortgage:	x	%=	(5B)
6. Contracted Services: Specify each item and submit supporting documentation Contractor (from page 4, question 9) _____ Other _____	x	%=	(6B)
7. Communication and Utilities: Specify each item and submit supporting documentation Electricity/Gas _____ Water/Trash _____ Other _____	x	%=	(7B)
8. Other Costs: Specify each item and submit supporting documentation. _____ _____	x	%=	(8B)
<input type="checkbox"/> N/A (CHECK THIS BOX ONLY IF NO COSTS IN THESE CATEGORIES ARE PAID FROM THE FOOD SERVICE ACCOUNT.)			

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10.A. Projected Annual **Administrative** Nonprofit Food Service Costs

		Administrative Costs
1.A.	Total Salaries (From Page 5, Last Line Column G)	1. A.
2.A.	Benefits (From Page 5, Column H)	2. A.
3.A.	Food	N/A
4.A.	Supplies and Equipment (From Page 7, Column I)	4. A.
5.A.	Rent or Mortgage (From Page 8, Column N)	5. A.
6.A.	Contracted Services (From Page 8, Column N)	6. A.
7.A.	Communication and Utilities (From Page 8, Column N)	7. A.
8.A.	Other Costs (From Page 8, Column N)	8. A.
Total Administrative Costs		10.A.

11.B. Projected Annual **Operational** Nonprofit Food Service Costs

		Operational Costs
1.B.	Total Salaries (From Page 6, Last Line Column G)	1. B.
2.B.	Benefits (From Page 6, Last Line Column H)	2. B.
3.B.	Food (From Page 7, Column J)	3. B.
4.B.	Supplies and Equipment (From Page 7, Column J)	4. B.
5.B.	Rent or Mortgage (From Page 8, Column Q)	5. B.
6.B.	Contracted Services (From Page 8, Column Q)	6. B.
7.B.	Communication and Utilities (From Page 8, Column Q)	7. B.
8.B.	Other Costs (From Page 8, Column Q)	8. B.
Total Operational Costs		10.B.

Page 10

11. Projected Annual Non-CACFP Income Required For Nonprofit Food Service Costs

Program Requirement: Reimbursements under the CACFP subsidize the nonprofit food service operation but may not be sufficient to cover all food service expenses. Any funds specifically designated as food service account funds are restricted and may not be used to fund any other costs in your organization.

A.	Total projected annual nonprofit food service costs (add; 10A + 10B above):	11. A. \$
B.	Projected annual CACFP reimbursement for the upcoming fiscal year (based on previous FY reimbursement. New applicants see Reimbursement Projection Worksheet):	11. B. \$
C.	Per the Code of Federal Regulations (CFR) 226.6(2)(f)(1)(vi), administrative costs charged to the program should not exceed 15% of projected annual nonprofit food service cost (divide; 10A above ÷ 11A):	11. C. %
D.	Other non-CACFP income to cover remaining food service costs (tuition, DES subsidies, donations, etc.) (subtract; 11A - 11B). This income must be specifically designated for use in food service:	11. D. \$
E.	Total projected funds required for the operation of a non-profit food service (add; 11B + 11D which should be the same as 11A):	11. E. \$

Procurement Standards



Procurement

- All sponsors must follow proper procurement standards for any good or service that, over a period of 12 months, equals or exceeds \$100,000 in total costs.
 - This includes use of food service vendors



Civil Rights



Civil Rights

- Training Requirements
 - Effective Notification System
 - Program Availability: Equal access to CACFP for all participants with respect to race, color, national origin, **age**, sex, disability
 - Provide Complaint Information to Participants
 - Non-discrimination Statement on CACFP materials, including menus
 - Post “...and Justice For All” and “Building for the Future”

Civil Rights Cont'd

- Establish written grievance procedures
- *Annual* civil rights training is required for all CACFP center staff
 - Tentative civil rights training date on the Application & Management Plan
 - Must have proper documentation from training:
 - Maintain agenda, proof of employee attendance, and training date at center
 - ADE has provided 3 activities (and answer keys) that may be used as a training tool for civil rights

Approved Non-Discrimination Statement

- This institution is an equal opportunity provider
OR

- In Accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, ect.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint on discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer

Civil Rights Cont'd

- Provide equal access to individuals with Limited English Proficiency (LEP) depending on the following conditions:
 - **Proportion** of LEP population among participants and potential applicants (community)
 - **Frequency** of contact with LEP participants or potential participants/applicants may impact level of LEP center services
 - **Importance:** the higher the importance of the activity, the greater the likelihood you may need to provide LEP center services
 - **Resources:** Some CACFP providers may have more resources to apply toward LEP efforts than others

For more information on LEP go to: www.lep.gov

Civil Rights Cont'd

- Religious Organizations: USDA prohibits discrimination for or against an organization on the basis of religion;
 - Independence: direct USDA funds must not support any inherently religious activities such as worship, religious instruction, etc
 - Facilities can provide USDA funded services without removing religious art, icons, scriptures, or other religious symbols
 - Providers can not discriminate against a program beneficiary, or prospective beneficiary, on the basis of religion or religious belief
- Since the program is funded using taxpayer monies, prayer cannot be done over a CACFP meal

For further information go to: www.fbcf.gov

Further Civil Rights Information

- Our website: <http://www.ade.az.gov/health-safety/cnp/CivilRights/Default.asp>
 - Nicholas Dunford - Civil Rights Liaison
 - 602-542-8724
 - Nicholas.Dunford@azed.gov



Employer Sanction Law

- Executive Order 2005-30 states that any entity contracting with the State shall comply with federal immigration laws and regulations
- Also, all sub-contractors to the contractor shall also comply with the same federal immigration laws and regulations
- Sponsors must ensure that all employees are in the country with permission
- All sponsors will be required to sign a revised Permanent Agreement. The revised agreement will include how sponsors must comply with this Executive Order
- Violation of this law could result in fines and/or other penalties up to termination of your Permanent Agreement

CACFP Forms

- Sponsors can access all recordkeeping forms at:
 - Child Care Center Forms
 - <http://www.ade.az.gov/health-safety/cnp/cacfp/child/>
 - Adult Care Center Forms
 - <http://www.ade.az.gov/health-safety/cnp/cacfp/adult/>
- Please note that FY 09 forms have not been uploaded but should be by the start of FY 09

Important Dates

- June 1st: Parents can start completing FY 09 Income Affidavits
- September 1st: CNP Web rolls over and FY 09 applications can be keyed into the system
- October 1st: FY 09 applications are due!!!!